PTO/SP/01 (12-97)

Approved for use through 9/30/00, OMB 0851-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN **PATENT APPLICATION** (37 CFR 1.63)

□ Declaration

Submitted With Initial OR Filing

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Num	ber 3370.1	
First Named Inventor	Donald L. London	rt
CO	MPLETE IF KNOWN	
Application Number	1	
Filing Date	10/23/2001	
Group Art Unit		
Examiner Name		

As a below named inventor, I hereby declare that:								
My residence, post office address, and citizenship are as stated below next to my name.								
i believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
Apparatus and Method for Processing Multiple Arrays of Blological Probes								
the specification of which	(Tille of	the Invention)						
is attached hereto								
OR								
YUJUMM) on hain asw	****	as United Otates A	Application Number o	r PCT Internation	al			
Application Number	an	d was amunded on (MM/DD/	YYYY)		if applicable).			
I hereby state that I have review specifically referred to above.	ed and understand the conf	lents of the above identified s	pedfication, includin	g the claims as a	mended			
I acknowledge the duty to disclar	e information which is mat	erial to palentability as define	id in 37 CFR 1.56					
I hereby claim foreign priority be or 365(a) of any PCT internation and have also identified below, I application having a filing date be	ai application which design	iated at least one country off	her than the United !	States of America	. listed below			
Prior Foreign Application		Foreign Filing Date	Priority	Certified Copy Attached?				
Number(s)	Country	(MM/DD/YYYY) Country	Not Claimed	YES	NO			
				0				
				0				
				. 🗖				
_								
Additional foreign application	numbers are listed on a sur	plemental priority data shae	PTO/SB/02B attack	ed hereto:				
I heraby claim the bonefit under 2								
ApplicationNumber(s)		MM/DD/YYYY)			191			
80/242,859 80,244,817	10/24/00 10/31/00		numbers ar a suppleme	provisional appli e listed on ental priority dat B attached here	a sheet			

[Page 1 of 2]

[Fage 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete, Time will vary depending upon the needs of the individual nexa Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FRES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTD/SB/01 (12-97 Approved for use through s/00/00, OMD 0051-003/ Patent and Trademark Office; U.S. DEFARTMENT OF COMMERCE	T
Under the Paperwork Reduction Act of 1995, no paraons are required to respond to a collection of information unless it contains a valid CMS control number	١.

DECLARATION — Utility or Design Patent Application

i heroby claim the the United States of prior United States to disclose informa prior application ar	of America or PCT i	a, listed belo nternational b is material	iw and, insorai application in	r as ine suo; the manner v as defined	provide in 37 (ad by ti CFR 1.	he first p .56 whic	racia Sibercial	nh of 35 U.S.	G. 112	2. I acknowle	edge the duty
U.S. Parent A	pplica Num	tion or Po ber	CT Parent		rent f MM/D		Date		Par		atent Nu pplicable	
			*									
Additional U.S.	or PCT in	itemational a	application nu	nbers are li	sted on	a supp	olement	al priori	ty data sheet	PTO/	3B/02B atta	ched hereto.
As a named invent	or there	mr annoint ()	he following to	cistored pra	etitions	ar(s) to	prosect	ule this	application a	nd to <u>t</u>	ransact all t	ousiness in the
Patent and Traden			☐ Custor	ner Number	· L	22	2888				Place (Number	Customer r Bar Code el here
						name	registre	rion nu	mber listed b	NO!	T. Das	
N	ame			gistration lumber				Na	me	Registration Number		
127-	i Zhou			<i>44</i> ,419					/icGarrigie . Sherr			31,395 12,147
4				•								
Additional regist	ered pra	ctitioner(s) n	amed on supp	lemental Re	egistera	ed Prec	titioner	Inform	ation sheet P	O/SB	/02C attach	ed herelo.
Direct all corres	ponden	e to: 💈	Customer N or Bar Code			22	2886		OR	⊠ Cor	respondance	e address below
Name	Affyme	trix, Inc.										
Address	Gener	il IP Counsel - Legal Department										
Address	3380 0	entral Expre	ssway									-
City	Sente	Clara				5	tate	CA		ZIP 95051		
Country	USA		Telephone			8/731-0	6000			Fax	408/751-5	5 392
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are pumsname by nine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							so made are					
Name of Sole	or First	inventor:					A petitio	on has	been filed i	or thi	e uneigned	l inventor
Given	Name	(first and m	iddle (if any))				Fai	mily Name o	r Sur	пате	
		DavjoyJ.		0		1			Lockh	ant		
Inventor's Signature		Vavel Lock			fle	hux			Date		10/19/01	
Residence; City Del Mar State CA				Country USA Citizensh			Izenship	USA				
Post Office Add	iress	510 Torr	ey Point Ro	ad					10			
Post Office Add	ireas								48 ,			
City		Dei Mar	State	CA	ZI	P	92014		Country	บร	A	
Additional inve	entors s	e being nan	ned on the 1	supplemen	tal Add	itional	Invent	or(8) si	heet(s) PTO/	SB/02	A stlached	hereto.

[Page 2 of 2]

PTO/58/02A (11	-QC
--------------	----	-----

Please type a plus sign (+) inside this box ——

se type a plus sign (+) inside this box —

Approved for use through 10/31/2002. OMB UBS1-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

DECLARATION

ADDITIONAL INVENTOR(\$) Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if any:		A patition has been t	filed for this unsigned inventor				
Given Name (first and middle (if any)) Family Name or Sumemo							
Patrick P.		Zarrinkar					
Inventor's Roth Faw			Date 10-18-0)				
Residence: City San Diego	State CA	Country	USA Chtizenahip				
Mailing Address 8550 Costa Verde Bivd., #5221							
Mailing Address							
City San Diego	Siate CA	92122 ZIP	Country				
Name of Additional Joint Inventor, if any:	A polition has been filed for this unsigned inventor						
Given Name (first and middl	e [if any])	Fa	Family Name or Sumame				
Inventor's Signature			Date				
Residence: City	State	Country	Citizenship				
Mailing Addross			*				
Malling Address							
City	itate	Zip	Country				
Name of Additional Joint Inventor, if sny:		A petition has been filed for this unsigned inventor					
Given Name (first and middle	a (if anyl)	Family Name or Sumame					
Inventor's Signature			Date				
Residence: City	State	Country	Citizenship				
Mailing Address							
Mailing Address							
City	State	Zip	Country				

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231, DO NOT DEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND 10: Assistant Commissioner for Patents, Washington, DC 20231.

APP_ID=09682838

		ra -			PTO/SB/02A	1
Please type a plus sign (+) insid			U.S. Patem and	Tradema	ed for use through 10/31/2002, OMB 06: rk Office; U.S. DEPARTMENT OF COM	MERC
Under the Paperwork Red	uction Act of 1995, a	no persons are required t	o respond to a collection of i	nformatio	n unless it contains a valid OMB control	numbe
DECL	ARATIO	N .	AD		AL INVENTOR(S) mental Sheet of	
						$oxed{\bot}$
Name of Additional Joint Is	wentor, if any:		A petition has be	en filed	for this unsigned inventor	_
Given Nam	e (first and middle)	(if any))		Family	Name or Sumame	+
	··					╄
Inventor's Signature	·				Date	
Residence: City	8	tate	Country		Citizenship	
Malling Address						
Mailing Address					•	
čity	s	tate	ZIP	Co	puntry	
Name of Additional Joint I			A petition has been		this unsigned inventor	
Given Nam	e (first and middle	[fany]) ·		Family	Name or Surname	
Jam	es K.		Mainquist			1
Inventor's Signature	un M. V.	Managenet			October 23, 2001	
Residence: City Sa	n Diego s	tate // CA	Country USA		Cittzenship UŚA	T
Mailing Address 128	395 Aida Street					
Maliing Address					* •	
City Sa	n Diego Sta	CA .	Zip 92130	Co	ountry USA	Τ
Name of Additional Joint I	ventor, if any:	,	A petition has been	filed for	this unsigned inventor	T
Givan Nam	e (first and middle	lif anyl)	Family Name or Surname			
						_
inventor's Signature						
Residence: City				Country Citizenship		
Mailing Address					7	T
Mailing Address						T
City		State	Zip	c	ountry	
Burden Hour Statement: This i	me vou are requir	o take 21 minutes to o	omplete. Time will vary de m should be sent to the C	pending hief Info	upon the needs of the individual cas mation Officer, U.S. Parent and Trac ND TO: Assistant Commissioner for P	demar
						1